



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Middletown
ACCESS Application Form
(Financial Assistance for Child Care)**

Please fill out this form **completely** and **attach copies of all necessary documents**. Applications **MUST BE** turned in at the member services branch at one of our locations. Incomplete applications will not be processed and will be returned. Assistance offer will be valid for 2 months from the date of the letter. **At no time is financial assistance retroactive.**

Please do not attach any registration forms with this application.

To process your financial assistance application, please provide all applicable documentation:

- ☐ Completed ACCESS application
- ☐ Copy of two most recent pay stubs for each working person within the household
- ☐ Copy of Social Security and/or Disability checks (if receiving)
- ☐ Copy of TANF letter, SNAP letter, and/or Section 8 housing letter (if applicable)
- ☐ Copy of unemployment benefits statement (if applicable)
- ☐ Copy of Child Support, School Scholarships, or Pension Benefits documents (if applicable)
- ☐ If you have no income, a notarized letter from the person(s) who provides for your monthly living expenses
- ☐ A personal narrative to clarify your needs or special circumstances.

****If you do not provide the required documentation, your application process will be delayed until all documentation is received and application is filled out completely.****

Please allow at least 4 weeks to process your application. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

ACCESS applications will be accepted on a rolling basis. Financial assistance awards are good for one (1) calendar year from the award date. This discount will be applied automatically to any child care programs you register for during this time frame. You **MUST** submit a new application one (1) month prior to your award expiration date.

Please note: ACCESS may take up to four weeks to process and is not retroactive.

Please note that there is no financial assistance for Vacation Camp, Camp Bussing, or Trip Week.

OFFICE USE ONLY Application received on: _____ Reviewed on: _____

Approved: _____ Denied: _____ Discount percent: _____ Member ID: _____

ACCESS Application

Today's Date: _____

Your Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Phone (H): _____ (C): _____ Email: _____

Are you a resident of the City of Middletown? ☐ Yes ☐ No

Have you previously applied for ACCESS or MAP? ☐ Yes ☐ No If so, when? _____

Marital Status (please check one) ☐ Single ☐ Married ☐ Separated/Divorced ☐ Widowed

Your Employer's Name: _____

Your Employer's Address: _____

Are you employed part time or full time? _____

Are you currently enrolled in school or a training program? _____*If yes, please attach schedule*

Name of School: _____

Spouse's/Significant Other's Name: _____ Date of Birth: _____

Spouse's/Significant Other's Employer's Name: _____

Spouse's/Significant Other's Employer's Address: _____

Is your spouse/significant other currently enrolled in school or a training program? _____*If yes, please attach schedule*

Name of School: _____

Please list the first name, last name, school, and date of birth of all dependents living in your household.
You may be required to show proof of residency.

Name _____ School _____ Date of Birth: _____

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Name _____ School _____ Date of Birth: _____

Name _____ School _____ Date of Birth: _____

Name _____ School _____ Date of Birth: _____

Name _____ School _____ Date of Birth: _____

INCOME/EXPENSE WORKSHEET (Please note that all expenses will be taken in to consideration, but do not guarantee approval of assistance)

Income (list all MONTHLY income)

Gross monthly income \$ _____

Spouse's gross monthly income \$ _____

Other monthly income for all adults over the age of 18 \$ _____

Child Support (if receiving) \$ _____

Social Security/Disability \$ _____

TANF (if receiving) \$ _____

SNAP (if receiving) \$ _____

Unemployment (if receiving) \$ _____

Alimony (if receiving) \$ _____

Pension/Retirement \$ _____

Housing Assistance \$ _____

Other (please explain) \$ _____

TOTAL MONTHLY INCOME \$ _____

Expenses (list all MONTHLY expenses)

Rent/Mortgage \$ _____

Vehicle Payments \$ _____

Utilities \$ _____

Phone Service \$ _____

Child Care \$ _____

Food \$ _____

Credit Cards \$ _____

Medical \$ _____

Child Support \$ _____

Insurance \$ _____

Student Loans \$ _____

Other (please explain) _____

TOTAL MONTHLY EXPENSES \$ _____

RELEASE FORM

1. I certify my given information to be true. I understand that if any information is found to be false, my financial assistance is subject to termination.
2. I understand that I am responsible for paying my portion of monthly payments on time, and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant Signature _____ Date _____

Spouse's Signature _____ Date _____

For your convenience, please add your personal narrative on the back of this page.

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